

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 2 5

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment).

6. FEDERAL STATUTE/REGULATION CITATION:

42CFR 447.250

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (16565.32)

b. FFY 2001 \$ (29181.80)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D page 9.a.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN# 96-34) pending

10. SUBJECT OF AMENDMENT: Reduction of the Medicaid prospective per diem rates for private
nursing facilities by seven percent (7%).

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not
review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John Nelson

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MARCH 27, 2000

18. DATE APPROVED:

JUNE 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MARCH 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

CALVIN G. CLINE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

THE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-D

Page 9.a.

STATE OF LOUISIANA

Superseded By LA 00-46

1) Temporary Adjustments

Temporary adjustments do not affect the base rate used to calculate new rates.

a) Changes Reflected in the Economic Indices:

Temporary adjustments may be made when changes which will eventually be reflected in the economic Indices (such as a change in the minimum wage, a change in FICA or a utility rate change) occur after the end of the period covered by the Index, i.e., after the December preceding the rate calculation. Temporary adjustments are effective only until the next annual base rate calculation.

b) Lump Sum Adjustments:

Lump sum adjustments may be made when the event causing the adjustment requires a substantial financial outlay, such as a change in certification standards mandating additional equipment or furnishings. Such adjustments shall be subject to BHSF review and approval of costs prior to reimbursement.

2) Base Rate Adjustment - A base rate adjustment will result in a new base rate component or a new base rate component value which will be used to calculate the new rate for the next year. A base rate adjustment may be made when the event causing the adjustment is not one that would be reflected in the Indices.

3) Effective for dates of service on or after March 1, 2000, private nursing facilities are reimbursed at ninety three percent (93%) of the per diem rates in effect as of February 29, 2000 as calculated in 2 a. above.

SUPERSEDES: TN - LA 96-34

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-27-00</u>	
DATE APP'VD <u>6-6-01</u>	
DATE EFF <u>3-1-00</u>	
HCFA 179 <u>00-25</u>	

TN# 00-25 Approval Date 6-6-01 Effective Date 3-1-00
Supercedes
TN# LA 96-34